

P.O. Box 3614  
Honolulu, Hawaii 96811  
Telephone (808) 586-2790

ASSISTANCE IS NEEDED CONCERNING: ☐ A Complaint ☐ An Inquiry

_____ Your Name	_____ Name of Insurance Company/ Individual Involved
_____ Address	_____ Address
_____ City, State, Zip Code	_____ City, State, Zip Code
_____ Res./ Bus Telephone Number	_____ Telephone Number

Please indicate policy number and/or claim number, if known: \_\_\_\_\_

STATE THE RELIEF SOUGHT \_\_\_\_\_

STATE A SUMMARY OF COMPLAINT/INQUIRY:

[illegible]

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a template for writing or drawing. The margins are consistent on all sides.

NOTICE      A copy of this form may be sent to the insurance company  
And/or individual involved.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_